

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2							52				
3							53				
4							54				
5							55				
6							56				
7		✓					57				
8		4					58				
9		(i)					59				
10		4					60				
11		4					61				
12		4					62				
13		4					63				
14		4					64				
15		1					65				
16		1					66				
17		4					67				
18		4					68				
19		4					69				
20		4					70				
21		4					71				
22		4					72				
23		(i)					73				
24		(i)					74				
25		(i)					75				
26		(i)					76				
27		(i)					77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	61						TOTAL DEP.				
TOTAL CLAIMS	62						TOTAL CLAIMS				